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AHRTAG

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ANNUAL REVIEW

working for health worldwide

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Front Cover
A health worker visits a mother at home to demonstrate mixing oral rehydration solution (top). Photo: Amnat Nikromral/Unicef.
Cleaning teeth with a twig from a neem tree: part of the pioneering oral health project in India, supported by AHRTAG (centre). Photo: Martin Long
Mixed media for health education: radio broadcasts can reinforce messages given through more traditional media (bottom). Photo: WHO.

Back Cover
Accessible health education on AIDS in Haiti (top). Photo: Hilary Hughes.
Working in the Tanzanian resource centre, which is supported by AHRTAG (centre). Photo: Sheila O'Sullivan.
In progress - the training course held in AHRTAG's Resource Centre: 'Introducing health care in developing countries' (bottom). Photo: Mimi Khan.

COMMUNITY HEALTH CELL

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Appropriate Health Resources and Technologies Action Group.

Information centre working in support of primary health care and community development in the Third World. Provides an international enquiry service. Resource Centre in London open to visitors. Publications include newsletters on key health and rehabilitation issues, distributed free of charge to developing countries. Provides training for health volunteers and professionals working overseas. Promotes development of appropriate technologies for health. Specialised Disability and Rehabilitation Unit. Registered charity number 274260.

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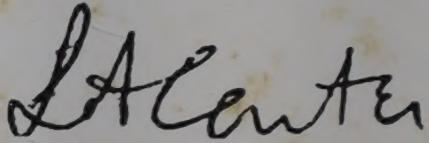
Fast foreword ►► a year of development

This year, AHRTAG has been working increasingly in partnership with organisations in developing countries. Through our collaboration with partners in every continent and over 120 countries, we now have worldwide contacts totalling over five million.

For example, instead of producing and printing newsletters in the UK and distributing them overseas, groups in Mozambique, Senegal, Brazil, the USA, India, Pakistan, Bangladesh and China are selecting and translating material, and, in some cases, also writing their own, for publications which are based on AHRTAG's newsletters. In this way, often hard-to-find information on key health issues is more accessible to more people, as it becomes available in other languages. The resulting

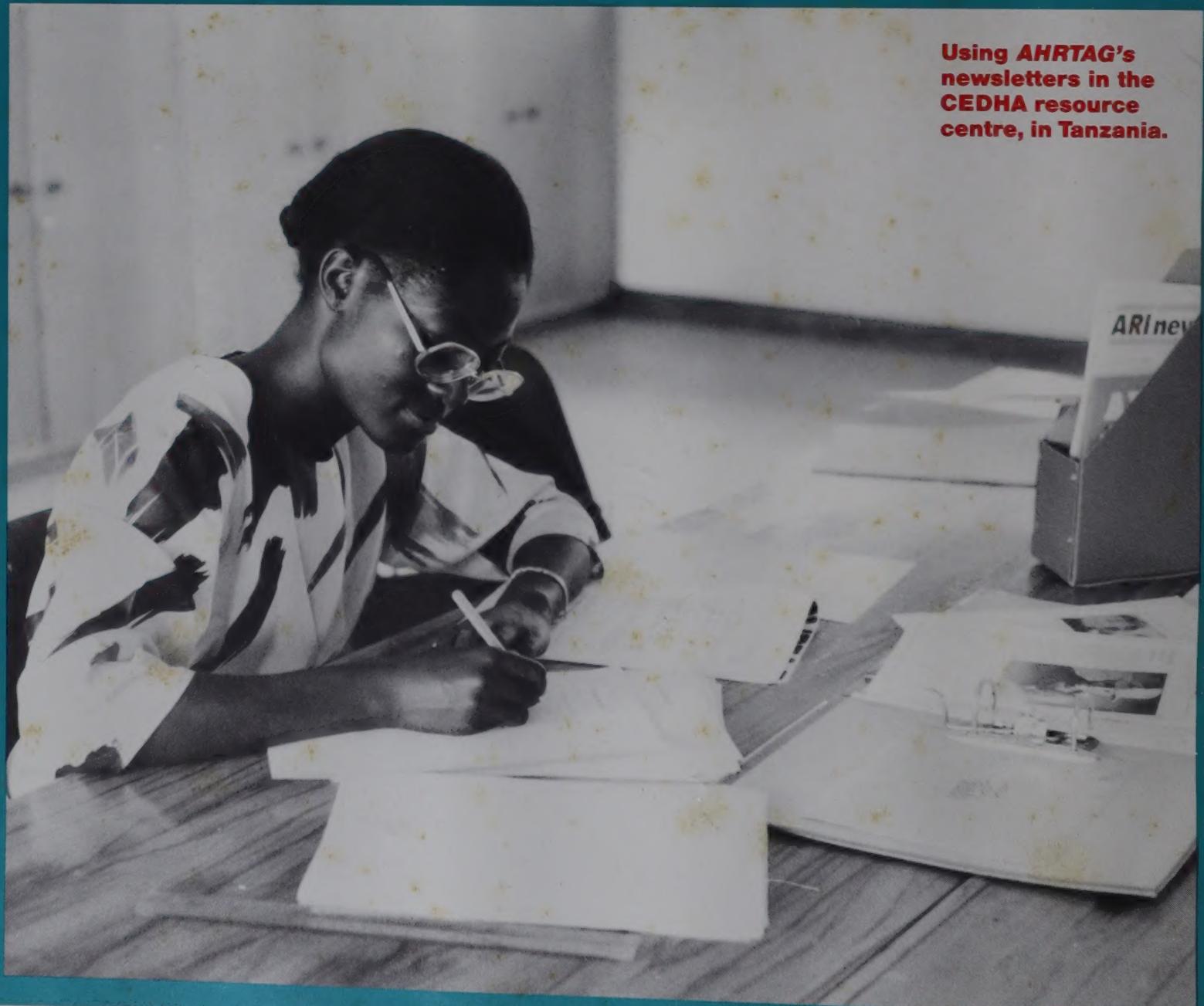
publications are more culturally specific and appropriate to the region. They benefit from AHRTAG's accumulated expertise and worldwide contacts while, at the same time, strengthening local production capability.

The following pages of this review describe major ongoing activities, and highlights, of the financial year October 1988 to September 1989. Several of the many project partners, whose involvement with AHRTAG is becoming increasingly significant, have themselves reported on joint activities.



Lois Carter, AHRTAG Chairperson

Using AHRTAG's newsletters in the CEDHA resource centre, in Tanzania.



Sheila O'Sullivan



'Smiling Teeth'

Primary school teachers in Delhi have been finding new ways to incorporate health education into the school curriculum. As part of the Oral Health Self Care Project (OHSEC), which is supported by AHRTAG, teachers and pupils have been working to reduce and prevent the gum disease and tooth decay which affect three in every four children.

Instead of using traditional teaching methods, with the teacher at the front of the class and the children learning by rote or copying from a chalkboard, OHSEC has developed a more child-centred approach. Experiments and other activities carried out by the children themselves form a large part of their lessons. Working together in small groups, the children learn from each other as much as from the teacher. Evaluation shows that both teachers and pupils find the new lessons productive, effective and enjoyable.

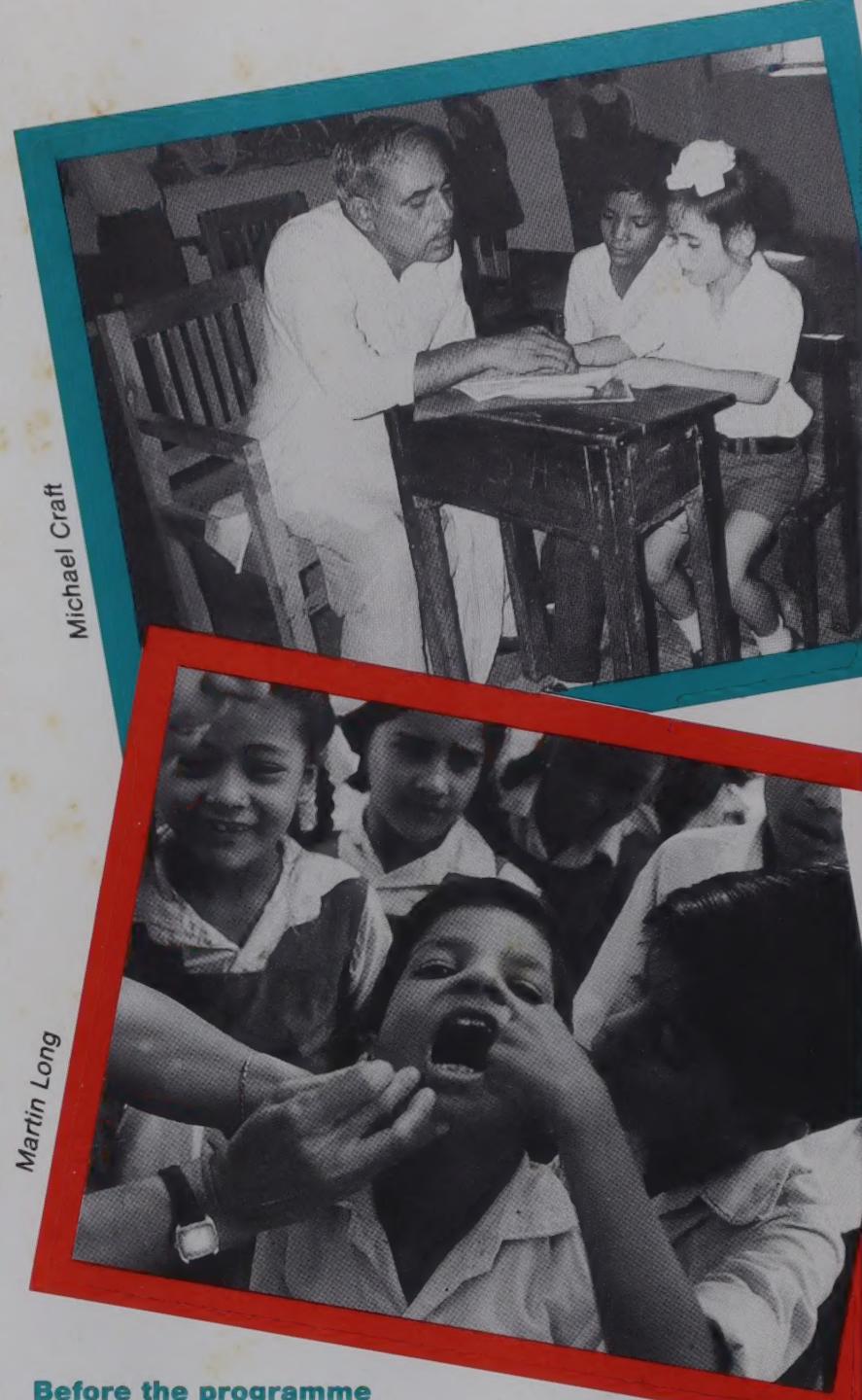
Alongside the evolution of a new teaching approach, innovative work modules around the topic of oral health have been designed to be integrated into the normal school curriculum. The teaching modules are called *Muskate Daant* - Hindi for 'Smiling Teeth'.

The subject of oral health is used by OHSEC to introduce more general concepts such as self care and self esteem, by considering the factors necessary for healthy teeth and gums. For example, the children plant their own neem trees, and learn about the conditions - water, food, shelter, light and space - needed for healthy growth. Twigs from neem trees in India (and many other countries) are traditionally frayed into small brushes which are excellent for cleaning teeth.

The development of these new teaching methods and modules is part of a pilot project undertaken by OHSEC, working with the Indian Dental Association. Extensive evaluation has confirmed the success of the pilot phase. Comparison with a control group has shown that the project has improved pupils' knowledge and awareness, that teachers feel happy and confident with the new methods, and that parents have an understanding of the programme.

Michael Craft

Martin Long



Before the programme begins, teachers practise in micro teaching sessions with two pupils (top).

Disclosing plaque with food dye (above).

In the light of the encouraging evaluation results, and now that the pilot phase is almost over, work is underway to extend the programme to other schools in Delhi. The modules are already being taken up by the Indian National Council for Educational Research and Training, and further dissemination is being discussed with the Delhi Health Education Bureau. This could eventually extend to all 1,600 municipal primary schools in the city, as well as providing a model for similar programmes elsewhere in India and beyond. Such a dissemination would represent a significant development for AHRTAG in the level and nature of its project work.

Rehabilitation aids for Bangladesh

The end of 1988 saw the completion of a course in workshop skills for making aids and artificial limbs for disabled people using low cost, locally available materials. The course was run by the Centre for the Rehabilitation of the Paralysed (CRP) in Dhaka, with support from AHRTAG. Glen McGhee, AHRTAG's orthopaedic consultant has written a teaching manual based on the course, which provides a unique source of reference for those in this field.

The second stage of the project has now begun, as trainees have returned home to establish rehabilitation workshops in their own regions of Bangladesh. These workshops serve poor, rural areas, where, until now, there have been no facilities for disabled people.



Disabled people have worked in the design and production of specially adapted vehicles in Bangladesh.

On the move - disabled people adapting vehicles

Many disabled people in Bangladesh are prevented from leading rewarding lives by the lack of simple equipment. AHRTAG has been assisting CRP to expand its metal workshop for the manufacture of wheelchairs, aids and appliances. This equipment is made from local materials, for people in and around Dhaka. Disabled people are involved in production and assist with design modifications.

The only centre of its kind in Bangladesh, CRP recognises its responsibility for trying to change attitudes about disability and goes about this in highly practical ways. For example, with AHRTAG's assistance, CRP purchased two locally manufactured vehicles and adapted the hand controls so that a person with lower limb paralysis could drive. The larger vehicle, with seating for fourteen passengers and a specially designed wheelchair ramp, is used for outings, taking patients to hospital, collecting supplies, and it provides transport for the outreach programme. The smaller baby taxi driven by the disabled members of staff provides a source of income. Both these vehicles are the first to be adapted in these ways. They are visible proof that disabled people can be active, useful members of their communities.



Jon Vogler

Low cost and local - appropriate medicine packaging

Medicines need to be dispensed in packaging which can protect them and which can be clearly labelled. In many countries, however, drugs are given to patients with no packaging or labelling at all. Unwrapped pills, for example, can be easily damaged or lost. In some cases, inadequate labelling has resulted in an entire course of drugs being taken in one dose. Where drugs are packaged and labelled they are valued more highly, remain in good condition, and are more likely to be taken carefully according to the prescription.

AHRTAG has been working with UBINIG, a Bangladeshi organisation, to identify and promote low cost methods of drug packaging. Two machines have been developed for use at community or district level, and are now to be field tested in Bhutan and Mexico. One machine melts scrap plastic and remoulds it into pill containers, and the other stamps out envelopes from waste paper. Neither machine requires large inputs of energy; both are robust and easy to maintain.

Information for change

During the past twelve years, AHRTAG has become an important centre in the international health information network. The Resource Centre is now a major clearinghouse for information about resources and technologies on all aspects of primary health care (PHC). It is also a model, showing that resource centres can be far more than libraries.



Mimi Khan

Training

Five day course, (held twice a year) *Introducing primary health care in developing countries* for health personnel from the UK and Europe who are planning to work overseas. (The course is run jointly with the Bureau for Overseas Medical Service.)

(Photo: Mimi Khan)

Co-ordinating

AHRTAG is an active member of Satis, an international group which, among other things promotes appropriate information handling systems for organisations concerned with development and environment issues.

Compiling and publishing

Lists of materials on specific subjects; directories of PHC training courses held in the UK; a directory of UK based organisations working in the field of health and development; and a list of international newsletters available free of charge.

Sharing information

A network of PHC resource centres, currently with members in India, Kenya, Tanzania, and the West Bank. Network members support each other by exchanging ideas and information, and AHRTAG helps with advice, training, funding and overseas purchases.

Collecting

A collection of over 10,000 books, manuals, videotapes and other materials on development and primary health care (PHC).

Answering enquiries

This year, the Resource Centre has answered 752 requests for information on subjects including: how to make soap, methods of estimating vaccination coverage, how mothers' increasing economic independence affects health, and where to find health education materials in Spanish.

Visitors

340 people visited the Resource Centre this year, including groups of students from courses on public health, nutrition and nursing which regularly include a visit to AHRTAG as part of the curriculum.

How did you get to know about AHRTAG?
Not yet
Name: _____

ahrtag		Resource Centre	DATE 8.12.88
User Record		NUMBER	
NAME: RENEE DARGAS	POSITION: Midwife		
HOME ADDRESS: 24 BROWNFIELD FERNAND STREET - LONDON NW1	ADDRESS OF ORGANISATION: HEALTH UNLIMITED 3 STANFORD STREET		
TEL.: 01-482 0121	TEL.		
SUBJECT(S) RESEARCHED: TRAINING OF TRADITIONAL BIRTH ATTENDANT			
OBJECTIVE OF RESEARCH: PREPARING TO NUMBER TBA TRAINING & COMMUNITY NURSE TRAINING IN BURNA			
DOCUMENTATION USED: Please state title of periodicals, title and author of books used. Please tick: Books _____ Periodicals _____ Files _____ Audio Visuals _____ Other _____			
No. of Photocopies: 22 Approximate time spent in library: 40 MINUTES PTO			

Sharing skills

Community based resource centres can play a key role in promoting primary health care (PHC) by providing appropriate information where it is needed. They have a wider role than just 'servicing' health and development workers; they can also support, and initiate, positive action in community health care. Local resource centres can act as a focus for community health education and training.

AHRTAG co-ordinates a growing network of primary health care resource centres, by providing funds, advice, materials and training, and by facilitating the exchange of ideas within the network. In 1989, the Documentalist from AHRTAG's Resource Centre visited partner PHC resource centres in Kenya and Tanzania (see boxes).

In August, Rachel Ogutu, the Co-ordinator of the Kenyan Health Education Network (HEN) based at AMREF in Nairobi, undertook a two week training placement at AHRTAG. During the placement, the Co-ordinator worked with AHRTAG's Documentalist to plan the develop-

ment of the HEN Resource Centre, including the computerised database. AHRTAG also arranged visits to other relevant institutions working in health education in the UK.

HEN is a growing national network of organisations and individuals involved in health education. One of HEN's objectives is to establish a national information and Resource Centre with examples of health education materials. HEN asked AHRTAG to collaborate in setting up the Resource Centre, monitoring progress, and providing information on appropriate resources and networking.

To develop a classification scheme appropriate for HEN, it was decided to build on the 'ten elements of primary health care' which are widely known in Kenya, and taught in every school. These elements include health education, water and sanitation, immunisation, essential drugs and mental health. Extra headings, such as traditional medicine, appropriate technology and medical anthropology were added to cover subjects not included in the 'ten elements'.

Resources for community health

The aim of the visit to Kisumu in Kenya was to help establish a PHC Resource Centre at the project offices attached to the Aga Khan Hospital (see facing page). The Centre needs to provide information for the Kisumu staff who are working to increase awareness of community health and encourage disease prevention, through a series of training programmes and improvements to water supply and waste disposal systems.

Using a reference manual produced by the AHRTAG Resource Centre, AHRTAG's documentalist trained a member of the Kisumu staff in basic documentation skills. The manual covers all procedures from when a book is ordered until it appears on the shelf, including: budgeting, ordering, cataloguing and classification, keeping track of periodicals, indexing and display.

AHRTAG's own classification scheme for PHC resources was adapted for Kisumu to reflect the specific needs of the project. The Centre's books, leaflets, posters, slides and flannelgraphs were then organised according to the scheme, which is designed to be accessible to a variety of different users. Towards the end of the visit, the Centre was formally opened to the community based project staff who would use it. Staff were encouraged to suggest the type of information and material that would be useful to them in their work, and to discuss how the Resource Centre could best meet their needs.

Computerising information systems

The library at the Centre for Educational Development in Health, Arusha (CEDHA), Tanzania has been in operation since 1984. The librarian, who works in relative isolation from others in his field, requested assistance and advice from AHRTAG on practical techniques to improve access to information by students and staff. AHRTAG's Documentalist was also invited to advise on the use of computers in resource centres and the integration of information services within CEDHA.

CEDHA considers computerisation of their resource centre to be essential, as they have recently become a regional Health Promotion Resource Centre for East, Central and Southern Africa, forming part of a worldwide network of centres established by the World Health Organization's Global Programme on AIDS. CEDHA will receive additional requests for information as a result of this new role, and computerisation will make information retrieval much faster and easier. AHRTAG's documentalist therefore provided advice on the use of computers for information work, including how to set up and manage a database.

CEDHA's existing AIDS bibliography, created in response to enquiries from CEDHA staff and students, was computerised, as a demonstration. This database will be developed during the following months and the experience will be useful preparation for the computerisation of CEDHA's entire library.

Kisumu – promoting PHC

“The Kisumu Primary Health Care Project promotes primary health care (PHC) in both urban and rural communities. The Resource Centre:

- provides information on PHC to help meet the information needs of local health workers
- provides information and guidance on PHC implementation and appropriate technologies
- organises and carries out training
- provides consultancy services in PHC training, monitoring and evaluation, and disseminates PHC management materials
- conducts PHC operations research both for the Aga Khan Health Service and for other agencies
- plans to assist in setting up model health information systems which would help to monitor changing health status

The Kisumu project has received a lot of support from AHRTAG in the establishment of the Health Education and Materials Library. AHRTAG has assisted us with:

- ordering and despatch of materials
- payments for some of the purchases in foreign currency
- up-to-date supplies of books, journals, magazines and bibliographies
- classifying and cataloguing
- staff training

AHRTAG has also helped us to get in touch with similar organisations, who have or are starting their own resource centres.”

Esther Sempebwa, Project Manager, Kisumu Primary Health Care Project, Kenya

CEDHA – information and training

“CEDHA (the Centre for Educational Development in Health, Arusha was set up by the Tanzanian Ministry of Health as a training institute and resource centre. AHRTAG has supported CEDHA with advice, materials, staff training and funding. This year two AHRTAG staff members visited CEDHA to assist with the development of our information systems, including computerisation of the Resource Centre, and re-organisation of our periodicals and unpublished literature (see opposite). We successfully started work on a computer database, despite interruptions caused by electricity supply failures.

AHRTAG has further supported CEDHA by looking into opportunities for training our librarian in the UK. We would like to commend AHRTAG for all the commitment, support and dedication shown to our library development.”

Dr Ndeki, Principal, CEDHA, Arusha, Tanzania

Bir Zeit – emergency conditions

“Since the Palestinian uprising of 1987, the work of the Community Health Unit at Bir Zeit University has dramatically increased. Staff are now dealing with more and more requests from communities and health workers for information and advice about health care under conditions of emergency. The unit's Resource Centre is supported by AHRTAG and is part of the primary health care resource centre network.

Many communities in the West Bank have lost contact with their nearest towns since the uprising; there are sieges and curfews for 20 to 30 days at a time. Because of this enforced isolation, many local groups have developed to organise local health services. Communities are having to cope with severely restricted resources, and our Resource Centre is helping with advice about, for example, midwifery services, how to manage diabetes with no drugs, how to set broken bones, how to treat gunshot wounds, and how to deal with the effects of tear gas and bombs.

The Community Health Unit continues to provide health education services and publish materials in simple Arabic – mostly learning materials for community health workers, but also for the general public. We supply books, video tapes and slides (on mother and child health, for example) to local groups, and the Resource Centre is a source of information for researchers investigating West Bank health issues.”

Rita Giacaman, Director, The Community Health Unit, Bir Zeit University, The West Bank



AHRTAG supports primary health care resource centres, like this one in Tanzania.

The Year In...

...ARI News

(acute respiratory infections)

Issue 12 (December 1988): the importance of good nutrition; dietary management of ARI; report from Brazil, showing that breastfeeding protects babies against ARI; clinical advice on reactions to penicillin.

Issue 13 (April 1989): understanding intervention studies; reports from India and Tanzania; indoor air pollution.

Issue 14 (August 1989): how to recognise serious illness in babies; community perceptions of pneumonia; producing local health education materials; questions and answers page.

...Dialogue on Diarrhoea

Issue 35 (December 1988): diarrhoea pathophysiology; AIDS and diarrhoea; home made ORS solution in Zimbabwe.

Issue 36 (March 1989): food safety; how to plan a community based environmental hygiene project; environmental health in the Caribbean; preventing contamination of weaning foods. Insert on practical hygiene.

Issue 37 (June 1989): persistent diarrhoea and dietary management; contamination from baby feeding bottles; questions and answers on lactose intolerance. Insert on breastfeeding.

Issue 38 (September 1989): methods for teaching about oral rehydration therapy; diarrhoea training unit; planning training; practical advice: how to teach; encouraging breastfeeding in hospitals.

Planning and Managing District Dental Services: a Manual for District Dental Officers

by Martin Hobdell with Antonio Tanda and Gerard Gavin

The skills necessary for the planning, management and supervision of dental health services at district level are rarely taught in dental training institutions, where the emphasis is on technical and biological aspects of dentistry.

This AHRTAG manual shows how to:

- develop strategies for preventive dental health care
- assess community dental health needs and reconcile them with what is possible using available resources
- develop and implement detailed plans of operation
- organise dental clinics - including lists of necessary drugs and equipment, storage of essential supplies and co-ordination with other elements of primary health care

Published by AHRTAG, 74 pages, 32 figures. Price: £3.00. Available from AHRTAG.

CBR News

AHRTAG's fourth newsletter, *CBR* (Community Based Rehabilitation) News, was launched in autumn 1988. One year, and three issues, later, circulation is over 10,000 and increasing.

As well as disseminating practical information on rehabilitation services and low cost aids and equipment for disabled people, *CBR News* provides a unique forum for discussion. The newsletter thrives on reader participation and includes articles designed to question and challenge attitudes and prejudices surrounding disability. One of the principal aims of *CBR News* is to report on the growing number of *CBR* programmes and the challenges faced by *CBR* workers. The increasing involvement of disabled people in planning and running *CBR* programmes is one of the most encouraging aspects.

CBR News reports on local projects like this day centre for disabled children and their parents in Sri Lanka.

Planning and Managing District Dental Services

A Manual for District Dental Officers

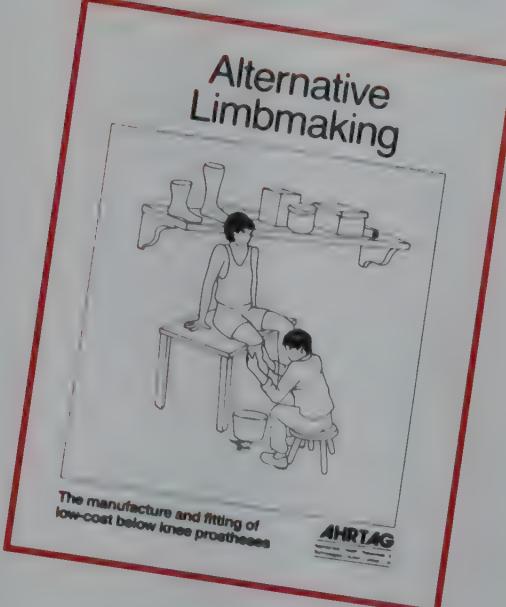
Martin Hobdell
with Antonio Tanda and Gerard Gavin
Department of Community Dental Health and Preventive Dentistry, University of Bristol, Bristol

Published by The Appropriate Health Resources and Technologies Action Group with the support of The Commonwealth Foundation.



Alternative Limb-Making: the Manufacture and fitting of Low-cost Below Knee Prostheses

by Bob Pluyter



This manual provides technical information and advice on the manufacture and fitting of below knee prostheses in developing countries, using local materials. Bob Pluyter, an engineer with extensive appropriate technology experience, collected information for this manual from many rehabilitation centres whose designs have proved both useful and practical in particular environments. The manual is designed to be used by those with a basic knowledge of anatomy and skin care, and who have experience of the special needs of amputees.

Published by AHRTAG, 178 pages, over 100 figures. Price: £4.00.
Available from Teaching Aids at Low Cost, P O Box 49, St Albans, Herts AL1 4AX, UK.

The enthusiastic response given by readers to the launch of *CBR News* confirmed the need for a newsletter on this subject, and on the issues of rights for disabled people:

"We congratulate you on this important and interesting newsletter."

Instituto Peruano de Protección y Rehabilitación del Pie Infantil, Peru

"... a significant new tool to further concepts and practice of CBR."

Salvation Army, UK

"... indicative of the important role the community must perform in dealing with disability."

Welfare Department, Government of Barbados

"... a wealth of invaluable information."

Action on Disability and Development, UK

"... an excellent job of providing important and useful information in a clear and interesting way."

David Werner, Hesperian Foundation, USA

"... it's gorgeous — we are thrilled with it."

Child in Need Institute, West Bengal

The Year In...

...CBR News

(community based rehabilitation)

Issue 1 (November 1988): how to make cane crutches; CBR for mentally handicapped children in Sri Lanka; reviews of books and manuals.

Issue 2 (April 1989): CBR in India; how to prevent and treat pressure sores; how to make cushions for wheelchairs; how to make paper furniture; home based learning in Zimbabwe; reviews of books and videos.

Issue 3 (July 1989): rights of disabled people; programmes for and by disabled persons in developing countries; CBR in Guyana; travelling rehabilitation technicians; how to make metal-shears and hand grips; reviews of resources.

...AIDS Action

Issue 5 (December 1988): children and AIDS; respiratory infections; AIDS and the workplace; WHO report on breastfeeding and HIV/AIDS.

Issue 6 (March 1989): prevention and control of sexually transmitted diseases; WHO report on World AIDS Day, and consultation on STDs as a risk factor for HIV transmission.

Issue 7 (June 1989): diarrhoea and AIDS; WHO report on the role of non-government service organisations in national AIDS programmes (part I).

Issue 8: (September 1989): oral signs of AIDS; anti-AIDS clubs; community counselling and care; WHO report on the role of non-government organisations in national AIDS programmes (part II), and drug research.

PROJECT PARTNERS AROUND THE WORLD

Grupo CID (International Communications for Development), Washington, USA.

A development NGO producing and distributing the Spanish edition of *AIDS Action* (circulation 15,000), *Dialogue on Diarrhoea* (circulation 20,000), and *ARI News* (circulation 20,000).

ENDA (Environment and Development in the Third World), Dakar, Senegal.

An African NGO producing and distributing the French edition of *AIDS Action* (circulation 10,000).

ORANA (Organisation for Research on African Food and Nutrition), Dakar, Senegal.

An African NGO translating and distributing the French edition of *Dialogue on Diarrhoea* (circulation 15,000).

ABIA (Brazilian Interdisciplinary Association on AIDS), Rio de Janeiro, Brazil.

Major Brazilian NGO translating and distributing the Portuguese edition of *AIDS Action* (circulation 20,000).

Bureau for Overseas Medical Service, London, UK.

Primary health care orientation course.

World Health Organization, Global Programme on AIDS, Geneva, Switzerland.

Working particularly with the Health Promotion Unit, AHRTAG produces the WHO Report on AIDS as an insert in each issue of *AIDS Action*. (circulation of newsletter and insert (in English) 80,000).

Kisumu PHC Project, Aga Khan Health Services, Kenya.

Primary health care resource centre.

CEDHA (Centre for Educational Development in Health), Arusha, Tanzania.

Primary health care resource and training centre.

Bank Community Health
Bir Zeit University, Bir Zeit,
Bank.

Primary health care resource

SA (Rural Unit for Health
Social Affairs), Tamil Nadu,

SA translates and
distributes the Tamil version of
Dialogue on Diarrhoea
(circulation 10,000).

(Christian Medical
Association of India), Nagpur,

prints and distributes
Dialogue on Diarrhoea in
English within India (circulation
10,000).

ics (Pvt) Ltd, Karachi,
Pakistan.
Printing and distributing 25,000
copies of *DD* in English to
users in Pakistan.

City of Medicine, University
Médi de Maputo, Maputo,
Mozambique.
Dual staff at the faculty are
coordinating the production
and distribution of an African
language edition of *AIDS*
DD (circulation 5,000-
10,000), and translating
Dialogue on Diarrhoea
(circulation 5,000).

**Capital Institute of Paediatrics,
Beijing, China.**
Produces the Chinese version
of *ARI News*
(circulation 10,000).

**UBINIG (Policy Research for
Development Alternatives),
Dhaka, Bangladesh.**
A Bangladeshi NGO
collaborating with AHRTAG on
appropriate medicine
packaging.

**CHECTNA (Centre for Health
Education Training and
Nutrition Awareness),
Ahmedabad, India.**
Printing 10,000 copies of *ARI*
News in English for distribution
in India.

**EMMA (Educational Multi-
Media Association), Madras,
India.**
Primary health care resource
centre.

**Municipal Corporation of Delhi
and Indian Dental Association,
Delhi, India.**
Collaborating on the Oral
Health Self- Care Project
(OHSEC) in Delhi schools.

**China Medical University,
Shenyang, China.**
Produces the Chinese version
of *Dialogue on Diarrhoea*
(circulation 10,000).

**BRAC (Bangladesh Rural
Advancement Committee),
Dhaka, Bangladesh.**
A Bangladeshi NGO producing
and distributing the Bangla
edition of *Dialogue on
Diarrhoea* and *ARI News* in
Bangladesh and West Bengal,
India (circulation 40,000).

**CRP (Centre for the
Rehabilitation of the
Paralysed), Dhaka,
Bangladesh.**
Centre for the rehabilitation of
spinally injured people.

**Child in Need Institute, West
Bengal, India.**
Distributing 10,000 copies of
Bangla DD/ARI.

RB 114
01588
COMMUNITY HEALTH CELL
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BANGALORE - 560 001

Reaching communities worldwide

AHRTAG newsletters are distributed free of charge to individuals and organisations in developing countries. They are written for health workers who work with communities, often without access to sources of appropriate information on key health issues. AHRTAG newsletters present this information clearly and simply. They are also widely read by teachers and administrators in health and other sectors.

Increasingly, AHRTAG is working in partnership with organisations in developing countries to produce newsletters in languages other than English. In India and Pakistan, English versions of some newsletters are printed by local organisations for national distribution, instead of printing in and distributing from the UK. AHRTAG supports these project partners with advice, funding, printing film and pictures, as required and appropriate. Some groups translate articles from the English newsletters and organise local printing and distribution. Others also include locally generated material, or publications which combine material from several AHRTAG newsletters. In each case, AHRTAG supports and responds to ideas which originate in the South: AHRTAG's worldwide network and expertise accumulated over ten years of producing newsletters, is put at the disposal of overseas partners.





Dialogue on Diarrhoea is now produced in nine editions worldwide: Bangla (Bangladesh), Chinese (China), English (UK), English (India), English (Pakistan), French (Senegal), Portuguese (Mozambique), Spanish (USA), and Tamil (India). Plans have also been finalised for editions in Nepali and Urdu.

ARI News is available in five editions: Bangla (with *DD*, Bangladesh), Chinese (China), English (UK), English (India), and Spanish (USA). An Arabic version will be produced by the World Health Organization in Egypt from early 1990.

AIDS Action is produced in five editions: English (UK), French (Senegal), Portuguese (Brazil), Portuguese (Mozambique) and Spanish (USA).

CBR News, which was launched this year, is currently only available in English, but there are plans for other language editions in future.

Listed above are the language editions in regular production. Material from them is also translated into many other national and local languages on an occasional basis.

Partners in print

AHRTAG works in collaboration with 14 different organisations worldwide to produce newsletters in different languages, usually combining locally produced supplements and letters with articles from the English editions. On these two pages, six of our publishing partners describe themselves and outline their work with AHRTAG over the past year.

ABIA: Resources for change

“In October 1988, the Brazilian Interdisciplinary AIDS Association (ABIA) began publishing AIDS Action in Portuguese (*Ação anti-AIDS*) for distribution throughout Brazil. One year later, the newsletter's readership is one of the most dynamic national resources available to promote community development. Not only is *Ação anti-AIDS* the sole source of free, accessible information on AIDS for many Brazilian communities, but it is presented in a multidisciplinary and non-medical way. This encourages the 'democratisation' of information, putting pertinent facts about AIDS, and strategies to combat it, within reach of ordinary people.”

ABIA has an AIDS Information Unit which, for example, has developed an outreach programme for street children using slides, videos and comic books. The Unit also co-ordinates AIDS groups and non-government organisations throughout Brazil who have recently been working jointly to produce a declaration on human rights for people with AIDS/HIV. *Ação anti-AIDS* includes extra information specific to Brazil, and a page of letters from Brazilian readers. The newsletter has already become a focus for the development of a larger area of useful work around AIDS; not only does it fill an information gap, but it has also stimulated new initiatives to combat the epidemic. Already, we find it impossible to imagine our day-to-day activity without the help of the newsletter. In the coming year, we hope to increase production to meet the ever-increasing demand for *Ação anti-AIDS*. ”

Walter Almeida, General Secretary, ABIA, Rio de Janeiro, Brazil

BRAC: *Shasthya Barta*

“The Bangladesh Rural Advancement Committee (BRAC) is one of the largest non-government organisations in Bangladesh, with a staff of over 3,000. BRAC works to promote rural development by: initiating both primary education and vocational training programmes to develop income generation; supporting organisations of landless people; and running health care programmes, for example, teaching mothers about oral rehydration therapy for diarrhoeal disease. In Bangladesh, where diarrhoea and malnutrition are widespread, effective health education is essential. But, there are very few materials available in Bangla, and it is difficult, especially in rural areas, to get appropriate information. Because of this, we started *Shasthya Barta* ('Health Bulletin'), the Bangla version of *Dialogue on Diarrhoea and ARI News*.

The newsletter is distributed to community health workers, village doctors, health programme organisers, village based health committee members, research and health institutions and a large number of school teachers. We have already received many queries and appreciative letters from readers at the village level. We hope this will continue, and that *Shasthya Barta* will become part of an active dialogue on health issues in this part of the world. ”

Mahboob Hassan, Bangladesh Rural Advancement Committee, Dhaka, Bangladesh

ENDA: Information for self help

“ENDA (Environment and Development in the Third World) is a non-government organisation working with community groups. We run an exchange and study network on all aspects of environmental management with partners throughout Africa, Asia, Latin America and the Caribbean. Specialist teams within ENDA work on energy, forestry, rehabilitation of street children and environmental training. Multi-disciplinary teams carry out research on issues such as traditional medicine, and publish a wide range of books, leaflets and resource lists. Producing and distributing the French edition of *AIDS Action* is a useful aspect of ENDA's work to develop community awareness around self help activities. ”

Dr J. Bugnicourt, Director, ENDA, Dakar, Senegal

ORANA: Dialogue en français



“ The Organisation for Research on African Food and Nutrition (ORANA) carries out research into the role of nutrition in health and disease prevention. We have recently established an information centre for the Sahel region on oral rehydration therapy for diarrhoeal disease. This is in addition to our longer established library, which supports our research programmes on, for example, vitamin A deficiency. Since 1981, ORANA has been translating and distributing the French edition of *Dialogue on Diarrhoea*. Below is a summary of our activities in 1988/9.

- We have published three issues of *Diarrhoea Dialogue* (issues 30-32), each of which contained supplements of material specific to West Africa. The supplement is a forum for readers to exchange opinions and experiences related to the prevention and treatment of diarrhoea.
- We produced a second composite edition of the newsletter (based on English issues 17-27, plus African supplements 1-6), which provides a useful overview for new readers.
- A second reply card was mailed out with issue 31 to ask readers about demand for the composite editions, and topics they would like to see more of in the African supplement. Depending on the response, we plan to increase the print run from the present circulation of 15,000. ”

Dr A M Ndiaye, Director, ORANA, Dakar, Senegal



CMAI: Informing India



“ The Christian Medical Association of India (CMAI) promotes health for all, especially the poorest members of society, by providing health education materials and health services. CMAI produces and distributes a bi-monthly newsletter (*FIONA-Plus*) on comprehensive primary health care. During 1989, CMAI continued to print 25,000 copies of English *Dialogue on Diarrhoea (DD)* for distribution within India. In collaboration with AHRTAG and UNICEF, CMAI also produced and distributed booklets of the best of the back issues of *DD*, and of the 'Health Basics' features (originally published as inserts in *DD*) on sanitation, immunisation, weaning, growth monitoring, and oral rehydration therapy. CMAI is discussing with others in India the possibility of producing Indian language editions of AHRTAG newsletters.

CMAI has recently moved to offices in New Delhi and will now be able to develop closer links with government, other voluntary agencies and international organisations. We plan to increase our mailing list and develop it to cater more specifically to CMAI's growing service, distributing health education materials to target readers. ”

Dr Daleep Mukarji, General Secretary, CMAI, New Delhi, India

For Mozambique and Angola



“ Translation, printing and distribution of a Portuguese edition of *Dialogue on Diarrhoea* in Mozambique began in 1988. Four issues have been produced so far. An African Portuguese edition of *AIDS Action* was started in March 1989 and three issues have already been produced. The newsletter now includes four extra pages of material produced locally. Health workers in Portuguese-speaking Africa have access to very few health education materials, and so these pages are carefully planned to complement the activities of national programmes.

Both newsletters are being distributed free of charge in Mozambique and Angola. Publishing them in Mozambique is an important contribution to the strengthening of local capability to produce health education materials. ”

Ana Novoa and Ricardo Barradas, Universidade Eduardo Mondlane, Maputo, Mozambique

AIDS Action

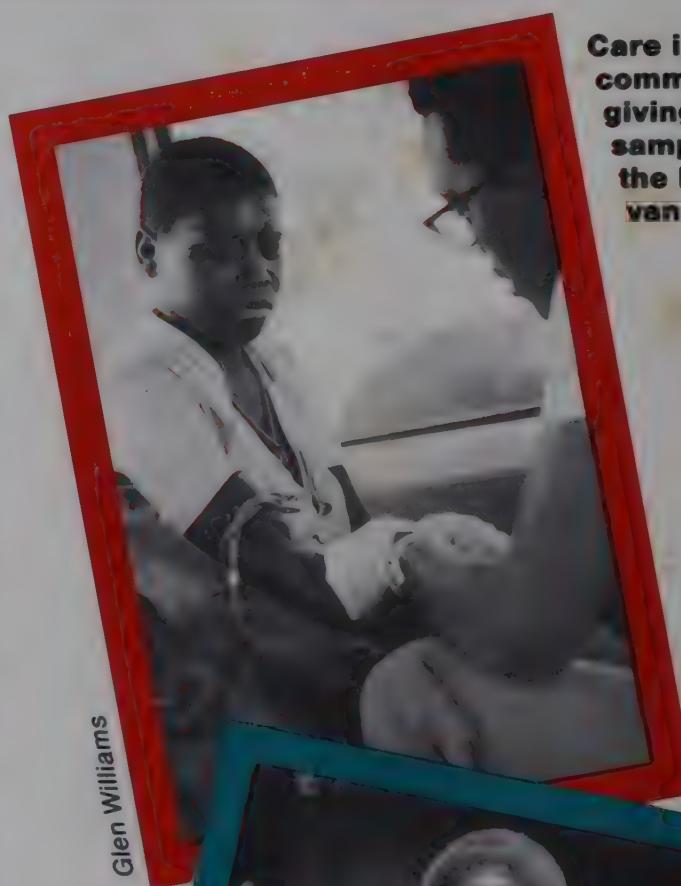
In many countries, AIDS is one more serious health problem to contend with. Health services are already over-stretched coping with many other life threatening diseases. Developing care and support services within the community is often the only answer. *AIDS Action*, AHRTAG's quarterly newsletter on AIDS prevention and patient care, regularly features case studies and reports of innovative community care and education programmes, to give readers inspiration and practical ideas for their own local activities.

How does a hospital cope with the increasing demands of AIDS care without sacrificing work in other vital areas? Chikankata Hospital in rural Zambia may have found an answer.

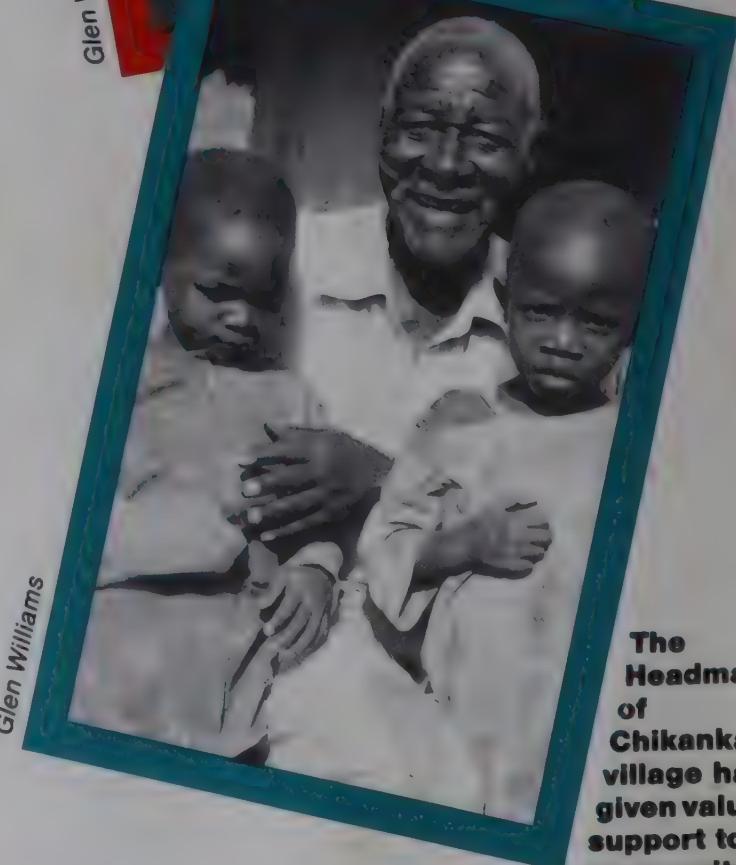
The 240 bed Salvation Army Hospital at Chikankata serves a mainly rural population of 100,000. By 1987, staff were treating increasing numbers of AIDS patients, and they decided to try a new method of case management: home based care. This has not meant leaving patients and their families to cope alone, but the hospital has decentralised its services, setting up a mobile unit to visit patients at home.

The mobile team discovered that caring for people with AIDS within a family can increase community awareness of AIDS. For example, at a meeting of all village Heads in the Sindambe region, very few were aware of the effects of AIDS and the possible dangers to themselves and their families. Most Headmen wrongly believed that AIDS was spread by shaking hands, sharing eating utensils or standing in the shadow of an infected person. Few could accept that there was no cure, and felt that traditional healers probably had a remedy. Finally, the father of a young man who had recently died from AIDS, despite traditional therapy, stood up and spoke out: "You all saw how my son suffered before he died. There is no cure for this disease. We have to do something now to stop it spreading further." After this, the health team were able to offer advice on what the community could do. The emphasis is on helping people to develop a sense of collective responsibility for disease prevention.

From *AIDS Action*, September 1989.



Glen Williams



Glen Williams

Care in the community - giving a blood sample inside the hospital van.

The Headman of Chikankata village has given valuable support to community based AIDS care.

The AIDS Support Organisation (TASO) in Uganda provides counselling and other practical support for families affected by AIDS. Mrs Noerine Kaleeba, a founder member, reported in *AIDS Action* about how TASO began.

When someone is diagnosed HIV positive, in many countries, that's often the end of the story - nobody wants to help. Before the creation of TASO, there was nowhere in Uganda for anyone to go and talk about the illness and get answers to their questions. My husband died of AIDS in 1987. While he was ill I became aware of how AIDS was affecting other people, and seeing how other families were coping. I had the advantage of a good education, and I was able to read about the disease. But I saw families where the husband is the only breadwinner. When a husband suddenly develops full-blown AIDS and dies, and the wife doesn't know whether she'll develop AIDS or which of her children may have been born with HIV infection ... she is faced with many problems. To make matters worse, society shuts her out because of the stigma."



Carlos Guanita/Action Aid

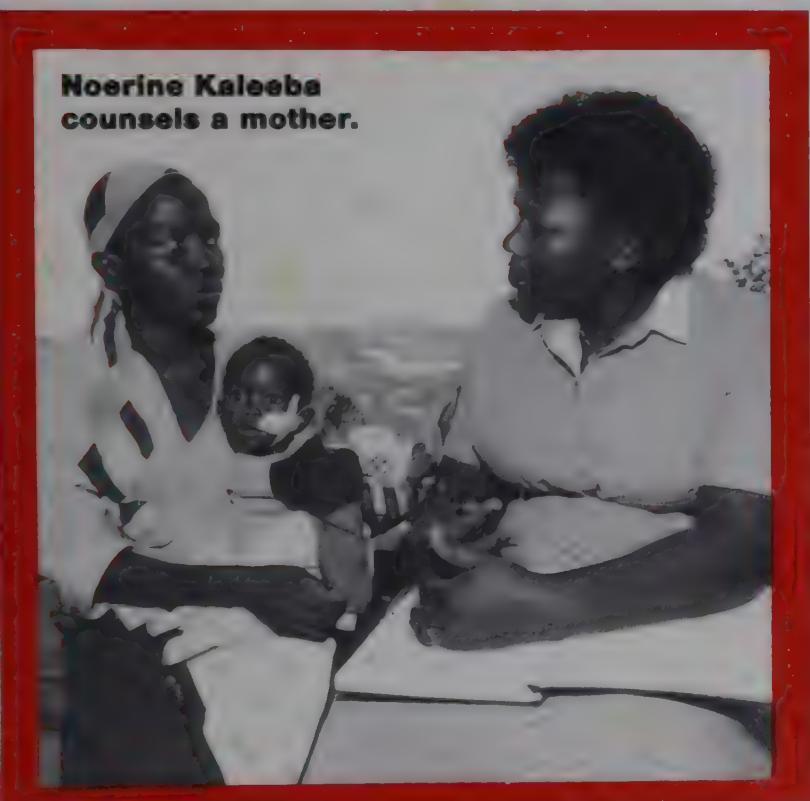
Role play is an important part of counsellor training.

TASO's work is based on helping to meet all the needs of those affected by AIDS - emotional and material, as well as medical. "It's no good telling a patient's family to wash him or her carefully if they cannot afford soap or plastic gloves. We provide these things, and some basic medicines. We also provide food, or money for schooling, for example, as necessary."

TASO has 36 trained volunteer counsellors, many of whom are themselves HIV positive, or who have lost relatives with AIDS. "The most difficult counselling situation is when a client refuses to tell their partner about the nature of the illness, even when there is a possibility that the partner, or partners, may not yet be infected. Most people eventually agree to bring their partner with them. We have found that when we are able to carry out home visits and spend time with family members, they are better able to understand the disease and are more willing to care for their relative with AIDS." *From AIDS Action, June 1989.*

Community Guidelines

After two years of publication, an informal investigation of the effectiveness of *AIDS Action* English edition was undertaken in Zimbabwe. The Editor visited village health workers, nurses, doctors, community health students, members of the National AIDS Committee, and members of a local drama group - all of whom work with HIV/AIDS prevention and treatment. A readership questionnaire was also used to assess the type of information most needed. *AIDS Action* was found to be extremely useful in general, but there were many requests for more practical guidelines specifically for use at community level. Largely due to the results of this investigation, a series of practical pull-out and pin-up inserts is planned for 1990.



Noerine Kaleeba counsels a mother.

Networking for health worldwide

During 1988/9, AHRTAG received over 4,500 letters containing requests for information and/or inclusion on the mailing list for one or more newsletters. Many of these letters include information about the readers of AHRTAG publications and provide informal feedback about how these publications are received and used. Often, we are able to put correspondents in touch with each other to share ideas and solutions to common problems.

“...Community Based Rehabilitation News is loaded with ideas... good enough to transform the whole community into a healthier and happier place to live.”

V Ramchander, Port of Spain, Trinidad

“...We are very happy and impressed with the reprint of our Children's poster in your special issue Dialogue on Diarrhoea. We shall be holding a public function during Nehru Centenary Week to give away the prizes sent by you to our school children...”

Purabi Pandey, Voluntary Health Association (Delhi), India

“...We are holding a series of workshops with the main purpose of raising awareness about the importance of breastfeeding. We were looking for a short summary of the main points and I was delighted to read the June edition of Dialogue on Diarrhoea with breastfeeding as the topic for the centre page pull-out. I would very much like to use this, after translation into Bangla, and with local illustrations...”

Clare Blenkinsop, UNICEF, Dhaka, Bangladesh

“...I am most impressed by the thoughtful and up-to-date articles in AIDS Action... it helps me to keep in touch with the practical problems of current medicine and provides me with an introduction to disciplines outside my own fields of research...”

Shahin Sayahi, Ahwaz University, Iran

“...Keep sending your newsletter on community based rehabilitation: it is very useful for teaching and discussion.”

Hazel Jones, VSO, Chiangmai, Thailand

“...We greatly appreciate the information you have sent to us throughout the years.”

Jerge Velasco, Interdisciplinary Centre for Communications Studies, La Paz, Bolivia

“...Having just returned from a visit to Vietnam, I thought you would like to know that the Ministry of Labour have translated and are going to publish the AHRTAG manuals 'We can play and move, and 'Simple aids for daily living'...”

Marie-Thérèse Feuerstein, London, UK

“...Let's keep working for information exchange among health workers!”

Mulu Brhan Berhe, Gedaref, Sudan

“...We have made many contacts through your publications which improve the quality and quantity of our work...”

P Patchaimal, Centre for Communication and Development Trust, Madurai, India

“...Your publications are a real help to a doctor working in remote villages...”

Putussary Joseph, Tabarjal, Saudi Arabia

“...I am writing to clarify with you the possibility of reproducing a few articles published in AIDS Action...”

Eugen Koh, The Christian Medical Fellowship of Victoria, Australia

Treasurer's report

This year has been one of great success for AHRTAG. Not only has it continued to expand and improve services, but it has done this while greatly strengthening its financial position.

From a time two years ago when AHRTAG's reserves had shrunk to £4,564, reserves have now grown to £38,829. This is despite a number of moves during the year which have been costly financially but essential to the long term health of the group:

- pay rises to bring salary levels into line with similar organisations
- establishment of a pension scheme

- a £20,000 provision for relocation and property improvement
- appointment of a Project Development Officer to identify new areas of work and to submit project proposals for funding

Expenditure grew by 51 per cent (compared with 29 per cent last year) while income also grew by 51 per cent (compared with 39 per cent last year). AHRTAG is now in a stronger position to start pursuing non-specific income sources (most particularly trusts and foundations) and its financial future looks more secure.

Simon Burne, Honorary Treasurer

Funding

We would like to thank the following organisations for supporting AHRTAG's work in 1989:

Ajahama Charitable Trust,
Baring Foundation,
British Telecom,
Catholic Fund for Overseas Development (CAFOD),
Centre for Social Development and Humanitarian Affairs (UN, Vienna),
Christian Aid,
Commission of the European Communities,
EC Abroad Ltd,
Economist Charitable Trust,
HelpAge International,
Mary James Trust,
Misereor,
Norwegian Red Cross,
Oxfam UK,
Royal Norwegian Ministry of Development,

Save the Children Fund UK (SCF),
Stanley Thomas Johnson Foundation,
States of Jersey,
Swedish International Development Authority (SIDA),
UK Overseas Development Administration (ODA),
United Nations International Childrens' Fund (UNICEF),
US Agency for International Development (USAID),
War on Want,
World Health Organization (WHO).

We would like to thank the following individuals for their donations:

W Belt,	L Maylett,
M Huff,	H Miller,
G Lister,	K Ritchie,
S Mehra,	A Savage.

DETAILED INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 30 SEPTEMBER 1989

	1989	1988
	£	£
Income		
Donations and grants	14,580	9,043
Charge on project funds	887,341	583,217
Bank interest receivable	8,231	7,541
Sale of publications	8,446	6,712
	<u>918,598</u>	<u>606,513</u>
Expenditure		
Salaries and wages	206,870	151,705
Consultancy fees and expenses	41,852	44,581
Travel	29,031	15,065
Printing	157,839	116,509
Distribution	127,159	126,878
Stationery and photocopying	11,292	10,327
Postage	12,885	7,218
Telephone	11,517	14,368
Books, journals and subscriptions	3,722	4,685
Premises cost	23,761	20,435
Repairs	10,436	9,035
Relocation costs	20,841	22,760
Depreciation	605	985
Sundry expenses	5,876	4,952
Audit and accountancy	3,166	1,612
Capital expenditure	2,937	9,877
Overseas project costs	<u>227,386</u>	<u>32,679</u>
	897,175	593,671
Excess of income over expenditure for the year	<u>£21,423</u>	<u>£12,842</u>

BALANCE SHEET as at 30 SEPTEMBER 1989

	1989	1988
	£	£
Fixed Assets		
Tangible assets:	1,168	1,024
Current Assets		
Stocks	-	175
Balance on projects recoverable	136,812	83,854
Debtors and payments in advance	10,420	2,290
Cash at bank and in hand	<u>114,482</u>	<u>68,558</u>
	261,714	154,877
Less: Creditors: amounts falling due within one year:		
Project funds received in advance	89,718	61,623
Taxes and Social Security costs	-	12,052
Other creditors	79,775	61,520
Accruals	34,560	3,300
	<u>204,053</u>	<u>138,495</u>
Net Current Assets	57,661	16,382
Total assets less current liabilities	<u>58,829</u>	<u>17,406</u>
Provision for liabilities and charges:		
Relocation and property improvement	20,000	-
	<u>£38,829</u>	<u>£17,406</u>
Capital Reserve		
Full audited accounts are available on request.	<u>£38,829</u>	<u>£17,406</u>

Staff

Co-Directors:

Kathy Attawell,
Ann Darnbrough,
Suzanne Fustukian

Administration

Jenny Fleming: Administrative Assistant,
Mark Lister: Office Administrator (until September 1989),
Gita Patel: Word Processor Operator and Clerical
Assistant

Disability and Rehabilitation Unit

Ann Darnbrough: Head of Unit,
Maggie Ware: Project Officer

Projects

Martin Long: Project Development Officer (from May
1989),
Philip Stockley: Project Co-ordinator (until January 1989)

Publications Unit

Kathy Attawell: Managing Editor,
Nina Behrman: Assistant Editor,
Mary Helena: Publications Secretary,
Hilary Hughes: Executive Editor (AIDS Action),
Katherine Miles: Design and Production

Resource Centre

Margaret Elson: Resource Centre Assistant,
Suzanne Fustukian: Resources and Information Co-
ordinator,
Mimi Khan: Resource Officer,
Sheila O'Sullivan: Documentalist

Council

Lois Carter (Chair from May 1989), Simon Burne
(Treasurer), Barbara Bubb, Sue Chowdhury (from May
1989), Julia Davis (from May 1989), Marie-Therese
Feuerstein, Miles Hardie (until May 1989), Kris
Heggenhougen, John Macdonald, David Morley (Chair
until May 1989), Peter Oakley, John Pickford (until May
1989), Nicholas Rea, Aubrey Sheiham, Doug Soutar, Pam
Zinkin

Council Advisors

Martin Hobdell, Richard Laing, Ravi Narayan, Carrie
Osborne

Consultants

AIDS Action: Walter Almeida, Klaus Fleischer, Peter
Kataaha, Keith MacAdam, Leonardo Mata, Janet Hayman,
David Nabarro, Paul Nunn, Anthony Pinching, Peter Poore,
Treadwell Sinyangwe, Michael Wolff

ARI News: Peter Burney, Robert Douglas, David Miller,
Felicity Savage, John Webb

CBR News: Barbara Bubb, Vic Finkelstein, Khalfan H
Khalfan, John Macdonald, Kathy Maczka, Joshua Malinga,
David Morley, Chris Saunders, B Venkatesh, Pam Zinkin,
Zhang Nan

Dialogue on Diarrhoea: William Cutting, Katherine Elliott

Disability Unit: Glen McGhee, Bob Pluyter

Medicine packaging: Jon Vogler

Oral health: Michael Craft, Vijay Mathur

Resource Centre: Alison Condie, Cathy Gibb, Elaine
Kempson, Richard Walker, Chris Whitehouse

COMMUNITY HEALTH CELL
47/1, (First Floor) St. Marks Road
BANGALORE - 560 001

01/08/89

AHRTAG - an international health information charity:

- provides an information and enquiry service to health workers in developing countries
- publishes practical manuals and newsletters about a variety of health topics including AIDS, acute respiratory infections, diarrhoeal diseases, disability and dental health
- has a resource and information centre, containing a comprehensive collection of primary health care materials, which is open to visitors by appointment
- organises courses and workshops for health workers
- promotes and develops appropriate technologies

